

ILLINOIS STATE TREASURER'S LINKED DEPOSIT PROGRAMS LETTER OF AGREEMENT

Office Use Only

PLEASE IDENTIFY THE LINKED DEPOSIT PROGRAM (CHECK ONE) AN	D TYPE REQUESTED INFORMATION:
Type of I	Linked Deposit
Cultivate Illinois: Agriculture & Green Cultivate Illinois: Storm & Drought Employ Illinois: Business Employ Illinois: Child Care Illinois Funds: Short-term Government Opportunity Illinois: Banking Development	Opportunity Illinois: Citizen Soldiers Opportunity Illinois: Community Development Opportunity Illinois: Disaster Recovery Opportunity Illinois: Hospital Development Opportunity Illinois: Illinoisans with Disabilities
SECTION 1: FINANCIAL INSTITUTION INFORMATION	
The Office of the Illinois State Treasurer agrees to enter into an agreement under the following terms and conditions: Transaction Type: Transaction Amount (Refer to the program guidelines for Deposit Rate: Loan Rate:	Time Deposit Repurchase Agreement
Length of Terms (Refer to program guidelines for term limits): Deposit / Renewal Date (Date of ACH/WT): Maturity Date:	
may not charge any additional fees in connection with this loan. For the Short-term	s points, unless otherwise stated in this document. The participating Financial Institutio Government and Disaster Recovery loan programs, the loan rate may not exceed the the loan rate may not exceed the deposit rate by more than 200 basis points. In addition onth intervals thereafter.
 Financial Institution will comply with all legal requirements relative the linked deposit program. Financial Institution will submit this executed Letter of Agreemed date; otherwise, the Treasurer may withdraw the deposit. Financial Institution acknowledges that all funds must be transfer Treasurer's Office may require the Financial Institution to pay a Office. Financial Institution also acknowledges that the funds cannot be acknowledged of the funds of t	e purpose described in the Application and the Application for Deposit. ted to the deposit of state monies and with all policies and procedures under ent to the Treasurer's Office within 10 business days of the deposit/renewal erred to borrower within 10 business days of the deposit date; otherwise, the market rate of interest to cover any loss of interest incurred by the Treasurer's
	of interest to cover any loss of interest incurred by the Treasurer's Office.
Signature:	Date:
Financial Institution's Authorized Representative	
SECTION 2: BORROWER INFORMATION By signing below, you acknowledge that you have received a loan from the shall be used for eligible program purposes in accordance with the Applica Borrower's Name:	
	Date:
Please send to: Illinois State Treasurer Alexi Giannoulias Banking Division 300 West Jefferson Street Springfield, Illinois 62702 Fax: (217) 522-1217	
	Date:
Alexi Giannoulias, Illinois State Trea	